

An Investigation of Traditional Medicine in Sub-Saharan Africa.

An Honors Thesis (HONR 499)

By

Daniel Evans

Thesis Advisor

Dr. Clare Chatot

Signed

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Abstract:

Health and healing has been intertwined in culture since the dawn of mankind. Since its beginning, hundreds of different forms and varieties of medicine have been created by cultures around the world. This diversity is lent to by the fact that culture has great effect on the approach taken to healing. This connection makes it necessary to examine the culture of an ethnic group in order to understand their form of medicine. This is what I did with African traditional medicine. First examining the African cultural mindset so as to shed light on how it affects traditional medicine. Then investigating the influence that interaction with other cultures has had on traditional medicine and finally examining the future of traditional medicine.

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Second I would like to thank my parents for their support, encouragement and their bravery to move their young family to a place they had never been before.

Lastly I would like to thank Ba Peter. I don't know if you'll ever know how much of an effect on me you had and how much I owe you. I miss you dearly.

Introduction

The loud rhythmic thump of the drums echoes into the still night. In the center of a circle of Africans dressed in various skins and masks is a figure decked from head to foot in outlandish garb with his face covered in a terrifying mask. This is the witch doctor, and he dances and convulses to the beat of the drums as the fire in front of him blazes high into the dark night. Soon the entire village has joined in the dancing by the firelight, the silhouette of their dancing shadows casting mesmerizing patterns on the huts that surround the fire. This is how the paper might read if it were the script to an action film or an adventure novel attempting to portray African traditional medicine. It may make a great story, but sadly for the screen writers and authors out there, this is not really the case.

Traditional medicine is the oldest type of medicine around the world today and is a very general category of medicine. It is not just found on the far off exotic shores of Africa either. Every culture and continent has varying forms of traditional medicine whether it is yoga from India, acupuncture from China, or Native American dream catchers (WHO, 2002). Some cultures, including most Western ones, look down on traditional medicine. These cultures may have moved away from actively practicing their form of traditional medicine but if one peers beneath the surface and digs into the cultural mindset they will find that many of the ideals and values of traditional medicine can still be found. This is because traditional medicine and how someone understands illness is ingrained in this cultural mindset and to completely remove it would result in completely altering the culture.

Incidentally, removing traditional medicine and altering the culture is exactly what the Western colonial powers would attempt to do to the Africans under their rule. Not only did they try to change African culture, they deemed their own culture superior to African culture, and when their attempts to “civilize” Africa met resistance they responded by demonizing African culture. They treated the Africans as a subhuman source of manual labor and treated their culture and traditional medicine as worthless

and savage. This superiority complex is very evident in much of the colonial writing and carries through till the late 1900's (Memel-Fote 1999). The disregard for African culture and traditional medicine is well displayed in this cartoon by the great Belgian comic writer Herge in his book Tintin in the Congo.



Herge had never travelled to Congo and wrote the book based on the pictures and first hand accounts of some of the Belgian colonialists. The result is an entire book which portrays Africans as coal black, massive lipped, ignorant, superstitious and sub human. It also portrays the African approach to illness as an irrational belief that spirits or juju are the causative agent for all illness (Herge, 1946). This representation of African medicine as worthless and unable to cure a simple fever was the mindset of the colonialists and is a sad misrepresentation of an extremely complex and diverse topic.

Perhaps it would be prudent to at this point define what is meant by African traditional medicine. According to the World Health Organization traditional medicine is "a comprehensive term used to refer to both traditional medicine systems such as traditional Chinese medicine, Indian Ayurveda and Arabic unani medicine, and the various form of indigenous medicine. Traditional medicine therapies include medication therapies – if they involve the use of herbal medicines, animal parts and/or minerals – and non-medication therapies – if they are carried out primarily without the use of medication as in the case of acupuncture, manual therapies and spiritual therapies." (WHO, 2002) In this paper the focus will be on the traditional medicine of sub-Saharan Africa and will exclude the other forms of traditional

medicine that are found there today, including Arabic and Chinese traditional medicine. Traditional medicine is a result of the customs, culture and religion of a people group and it affects how the members of that people group approach health and healing and their response to illness, disease, and death. It is important to acknowledge that culture greatly affects the perception and methods of medicine. So in order to examine traditional medicine it is important to understand the cultural ideas and values that affect the perception of disease and death.

An Introduction to Myself

Some of the greatest insights into a culture and perspective can be through personal accounts of interaction with the culture. I am in a fortuitous position of having grown up in sub-Saharan African and think that my experiences with traditional and Western medicine in Africa can help the reader's comprehension. Allow me to introduce myself and give a brief synopsis of my story and the countries that I grew up in. My parents are both college lecturers, my father in Old Testament and my mother in English. They have long felt called to overseas missions and when I was four years old (1997) they moved their young family to Africa. We eventually settled into our new home in Ndola, Zambia and began the rigors of daily life. My father was an Old Testament lecturer at the theological college next door and my mother taught English, the wives program, and started the first children's library in the city. Life was very different from what it had been back in the US for my siblings and I. We were the only American children in the area and we quickly adapted to our new host culture. African culture had a greater effect on me compared to my siblings as I was the youngest and had only a few fleeting memories of the US. My siblings were soon sent off to school and my parents were busy so I was often left under the supervision of a man who worked for my family who was named Peter Mulala. Ba Peter as I would call him—"Ba" is the term of respect for one's elder—taught me African culture, customs, parables and the language. Ba Peter's influence and teaching would greatly affect my personal culture

and I remember many of his lessons to this day. I would grow up in Africa, leaving when I was eighteen, living in Zambia, then Namibia, and later Kenya.

Zambia, the country where I spent most of my time (11 years) and from where most of my experiences are drawn, is a landlocked country in Southern Africa. It borders Democratic Republic of Congo, Angola, Namibia, Botswana, Zimbabwe, Mozambique, Malawi and Tanzania. It ranks as one of the poorest nations in the world but it also has one of the highest economic growth rates. The CIA estimates that over 60% of its population lives below the poverty line and 85 percent of the population work as farmers (CIA.gov, 2015). It currently has an HIV infection rate of 12.5%, which is the 7th highest infection rate in the world. The other countries I would live in also had very high HIV infection rates with Namibia being the 6th highest and Kenya the 13th (CIA.gov, 2014) The CDC rates Zambia as a high risk for water borne illness, malaria and HIV. (CDC, 2015) Zambia has a very high birthrate, but a very high infant mortality rate and one of the lowest life expectancies in the world of 51.8 years have combined to create a population where close to 50% of the population is younger than 14 years old. Namibia, though much more developed than Zambia, has the same life expectancy due to the incidence of HIV infection in the country and an extremely large gap between the rich and the poor created in part by the former apartheid government.

Generalizations of African Culture

African culture is almost as different from Western culture as night is from day. Where Western culture places the individual above all else, African culture does the opposite. African culture revolves around the community and all of the interactions within it. The balance between all the members of the community is expected to be maintained and any action that would break this balance is considered taboo. The communities are also highly structuralized with everyone knowing their role, and to a degree, their importance. A universal trait of African cultures is that at the top of the social structure are the elders, they are to be treated with the utmost respect in everything from preferential seating and

eating, to terms of respect and how they are greeted by those younger than them. From here the structure varies slightly according to the specific area, type of people group and ethnic group, but the themes of age and gender remain central to this hierarchy. The trend among most African ethnic groups is that respect is given to those who are older and male. Everyone knows their place in the structure and if someone steps out of line they are quickly brought to heel. This is especially true for the children, with the license to discipline falling to anyone in the community that is above them in status. I found myself on the receiving end of this when I was around four years old and had just arrived in Africa. Our neighbor was sweeping her porch and I decided to make a game of jumping over her broom while she swept. My actions were disrespectful to this woman, and she quickly put me back in my place by bending me over and spanking me with the broom. This equilibrium is valued and cherished in the culture and defended rigorously, in many cases disrespect to one's elders is considered one of the highest offenses a child can commit.

The importance that is placed on community in African culture has several direct results and these results will have an effect on traditional medicine. First, it results in a very high valuation of personal interaction and relationships. The community works as a cohesive unit and to have fractured or broken relationships hurts the harmony and productivity of the community. This leads to relationship taking importance over things like timeliness that are highly valued in Western culture. Another result from the importance placed on community is something that many Westerners struggle to understand. This is the concept of finite good which in a way would be comparable to the concept of luck but with some variance. The idea is essentially that the fate and fortune of all the members of the community are intertwined, and that good fortune should be spread evenly within the culture. The community is like an organism and if one member does well so should everyone else. This means that if one member of the community starts doing much better than the others and his "blessings" are not being spread among the community then he is stealing the "good" from the other members of the community. Often this

member of the community is either accused of using witchcraft to steal the “good” of other members of the community or they find people in the community actively working against them to bring them back down to the status quo of the community. I met a Maasai man one time who had left his village to move to a nearby city. He had started up a business and was doing very well for himself. Upon return to his village he received nothing but cold shoulders and indifference from everyone including his family, and he was eventually kicked out of his village. From an outside view this may seem confusing and counterproductive but from the African cultural viewpoint it makes sense. Since this person is destabilizing the community, steps need to be taken to either bring them back down to equilibrium with the community or to remove them from it.

Another aspect of great importance to African culture is that of the supernatural and fate. Whether it is the ancestors, spirits, gods, or God, many of the African traditions and daily practices are a result of the importance of the supernatural. In a similar way to how harmony and balance within the community is important, balance between the community and the supernatural is also of extreme importance. Many of the ceremonies and various aspects of daily life are performed in order to keep the ancestors happy or ward off evil spirits. Babies and small children often wear charms to ward off evil spirits, entrances to houses often do as well, and large decisions are not made without consulting the ancestors first in order to make sure the action will not cause offence. In fact, it would not be wrong to say that many Africans live in fear of any action that might anger a spirit or ancestor. In certain regions and people groups there is a marriage of concepts of the supernatural and fate. These groups, most of which are in West Africa, often see fate, God or a combination of the two as the driving force behind life and all the aspects of it.

African Concepts of Disease

Knowing the importance of the supernatural and fate in the African cultural mindset it should come as no surprise that these two are also inextricably linked to disease and health in Africa. In fact, the connection is so obvious to see that many of the early Western colonialists were quick to generalize the entire African concept of health based on the connection. The approach to medicine that was attributed to Africa by these colonialists is termed a personalistic medical system by anthropologists.

“A personalistic medical system is one in which disease is explained as due to an active, purposeful intervention of an agent who may be human (a witch or sorcerer), nonhuman (a ghost, an ancestor, an evil spirit) or supernatural (a deity or other very powerful being). The sick person is literally the victim, the object of aggression or punishment directed specifically against him, for reasons that concern him alone.” (Green 34)

This view of medicine would not see illness as a natural occurrence but as punishment for wrongs committed by the person afflicted with the illness. The belief that Africans held this view was communicated back to the West by the early settlers and travelers to Africa and greatly affected how African traditional medicine was viewed by the inhabitants of the West (Green, 35). This generalization about African traditional medicine is still prevalent and evident in the West today.

The colonialists were not completely wrong as this view of health is seen in some capacity in most African cultures, but it was not as prevalent as they assumed and communicated that it was. The most prominent perception of disease in African culture is that of a contagion or pollution. This concept is quite different compared to that of the personalistic medical system. In fact, it actually has some parallels to the concepts of modern medicine and science. The contagion theory is that the disease is caused by a specific agent or contagion which is often referred to as pollution. The sick person had acquired this pollution and had the ability to spread it to other members of the community. It can be spread through contact with the sick person or through contact with unclean things. These include bodily fluids, reproductive fluids, menstrual blood, a woman who is menstruating and dead bodies

(Green, 40). This concept and the list of things that are considered pollution agents is very similar to those that are listed in the Hebrew Bible as things that make you unclean.

““When a woman has her regular flow of blood, the impurity of her monthly period will last seven days, and anyone who touches her will be unclean till evening.” -Leviticus 15:19

African cultures holds that these things are pollution because they have invisible “worms” or “insects” that will infect anyone who comes in contact with them. This concept seems to be very similar to what science tells us about disease being caused by invisible (to the naked eye) bacteria or viruses.

“Disease is regarded as something almost material which can be passed from one person to another and got rid of by washing and other means. Some diseases come through contact, more or less intimate, with certain dangerous things: things dangerous because of some maleficent quality inherent in them.” (Smith, 244)

This view of contagions and the personalistic view combine to form the traditional medicine mindset. This combination results in instances where certain illnesses are attributed to natural causes while other illnesses are attributed to the supernatural or a combination of the two. While Africans do not consider all diseases to be caused by contagions, it is by far the most common explanation for disease. There is still a large aspect of spiritualism and fate about both the African concepts of disease. The disease may be considered to be caused by a contagion, but there is often the belief that God or fate caused/allowed it to happen. In this case both the contagion and God/fate are the causative agents of the disease thus combining the two mindsets of disease causation. The causative agent of illness and disease can also differ depending on the type of illness. A strange or unexplainable disease or disorder is more likely to be caused by the supernatural, whereas an infection or cold is most likely to be attributed to contagions. In his book on indigenous theories of disease, Edward Green breaks down the causal explanations of disease given by the Kikuyu people in Kenya and gives specific examples of each. The most common diseases like pneumonia, malaria and such are seen as caused by natural agents (pollution) while things like infertility and madness are blamed on ancestral forces. A sudden death is

seen as caused by witchcraft and madness is caused by spirit possession. The list goes on to list causative agents such as heredity, negligence of calling, breach of taboos and individual weakness (Green, 45). Examining the causative agents shows a clear thought trend that sudden or unexplainable diseases are caused by supernatural forces whereas common ones are caused by natural agents like "pollution." It also shows that the initial conjecture that Africans blamed everything on spirits or the supernatural was not wrong in its entirety; it was a rash and erroneous generalization.

African Traditional Medicine

Traditional medicine is the oldest form of medicine in Africa. It is not the only kind of medicine in Africa though, as different forms of medicine have been introduced over the centuries. Islamic medicine was introduced in much of North Africa and still maintains a strong presence there, and Western medicine was brought over by the colonialists. More recently, the last fifty years or so, there has been the introduction of oriental medicine. Even with the introduction and establishment of these forms of medicine, traditional medicine still remains the most common form of medicine in Africa (Abdullahi, 2011). Unlike the other forms of medicine that have been introduced to the continent, African traditional medicine has little to no written history. This is mostly due to the fact that most African cultures rely on oral tradition. This means that stories, legends, proverbs and history are passed down from generation to generation by word of mouth. This also means that it is up to a healer to train the next healer through interacting and teaching them personally. There were no books for the healers to learn from; they are taught by experiencing and working alongside the healer in a form of apprenticeship. As with the apprenticeships of old in Europe, healers often train their own children to continue their trade. This results in almost dynastic healer lineages that can stretch back for hundreds of years. A downside to this is that the concoctions and plants used are kept secret and if that healer's knowledge is not passed down to an apprentice it is lost. The oral nature of African culture also means

that the success of a healer is spread through the community and surrounding area by word of mouth (Memel-Fote 1999). This means that outsiders have great difficulty studying the traditional medicine as it is necessary to be actively involved in the area to learn who the effective healers are.

Culture and concept of disease often have a great influence on how medicine is approached and it is no different in African culture. An outsider viewing the traditional medicinal practices of a different culture may find the practices alarming and strange. To those that practice it though, that form of medicine is rational and logical as it fits into their cultural understanding of health and healing. Understanding the culture is essential in order to aid in the understanding of the practices of traditional medicine (Freierman 2). The effects of the communal aspect of African culture and the concept of pollution will be shown in how treatment of disease is approached.

The central figure in African traditional medicine is the healer. These people are an essential cog in African culture and all the aspects of daily life. Their importance in maintaining the health of the community cannot be understated on a continent where a majority of the population still survives by subsistence farming and manual labor. For someone who's life and livelihood depend upon being able to perform strenuous physical tasks, personal health is crucial.

The term for the healer and the role he/she plays in the community are highly varied across the vast continent according to the ethnic group, language, and culture in an area.

"In Africa, the healers are variously addressed as *Babalawo*, *Adahunse* or *Oniseegun* among the Yoruba speaking people of Nigeria; *Abia ibok* among the Ibibio community of Nigeria; *Dibia* among the Igbo of Nigeria; *Boka* among the Hausa speaking people of Nigeria; and *Sangoma* or *Nyanga* among South Africans (Cook, 2009)." (Abdullahi, 2011)

While Western literature and media have portrayed this figure as a mask wearing, mumbo jumbo spouting witch doctor, this is not really the case. While what the West terms as "witch doctors" do exist and the practice of consulting a witch doctor is still prevalent they are not the only, or even dominant,

type of healer. You will notice that certain people groups have multiple names for these healers. This results from the variety of different kinds of healers with the circumstances of the disease determining what type of healer is visited. Most often whether or not a witchdoctor is consulted depends on the type and severity of the illness (Barinov, 146). Healers are split into two categories, herbalists and diviners, and each takes a different approach to heal the malady.

A healer who is an herbalist tends to diagnose a patient and treat them with herbs and plants for that particular illness. These healers often have extensive knowledge of the local plants which they use to make medicines and some of them are very successful and even able to prescribe plants and concoctions to heal malaria and some other common tropical diseases. The herbalist is consulted for most common illnesses and serves roughly the same role that a family physician does in the Western medical system. A healer that is a diviner has a different role. The diviner's role is to act as a medium between the physical and the spiritual world and to serve as the spiritual messenger. It is their job to discover if the disease is a result of an angered spirit or ancestor or to discover what taboo was broken to cause the illness. They can also act as "witch-finders" in order to find the source and undo the sorcery affecting their patient. The diviner's job is then to determine the best course of action to return the patient to equilibrium with the angered spiritual entity. The diviner can also have a role in maintaining the community's equilibrium with the supernatural/ancestors. The community as a whole can be treated as a patient. For example, if there is a drought or crop failure then it is the diviner's job to ascertain why this has occurred. It is up to them to discover what taboo was broken, or what spirits were angered and to restore the community to equilibrium with the angered spiritual entity much in the same way as they do with individual patients (Memel-Fote, 1999). A healer does not have to be only either an herbalist or a diviner. In many instances the healer is both and then they practice both sides of traditional medicine. These healers treat the patient holistically, examining everything from their interactions with family members and the community, to the patient's emotional health, and the

malady from which the person is suffering. They also consult the spirit world to determine how to bring the patient back into harmony with the ancestors, community, and their family and will also prescribe herbs, remedies, and medicines to treat the patient's illness (Airhihenbuwa, 47).

European Influence and Stigma

The arrival of the Europeans on the continent in the 1400's signaled a great shift in African culture, tradition, and life. It would not be unfair to say that over the next six hundred years the Europeans exploited the African continent and people for all they could and in the process damaged the long standing culture and traditions. The slave trade got the ball rolling by destroying communities, families, and customs; then the colonialists that came after slavery was abolished continued doing much of the same. Many of the colonial methods of controlling the local population were so barbaric and inhumane that when word of the practices reached Europe there was a public outcry. A simple history lesson on the horrors of the rubber tax in the Belgian Congo in the late 19th century will act as testament to the fact that in some cases the colonialists were as detrimental to African culture and communities as the slave trade. Wherever colonialism was established, or expanded, the societal structure of the African people was destroyed, resulting in the degradation of their values, culture, and traditions.

This degradation was caused in part by the elitist and racist attitude that the Europeans had towards the African people and their culture. Slavery may have been abolished but Africans were still viewed as subhuman and their culture "savage." The colonizers were more intent on forcing European mindsets, laws, culture, dress, customs and practices onto the Africans than actually learning how they could co-exist or even function within the African culture. They viewed all things African as beneath the enlightened ideas of the West, especially traditional medicine. Collins Airhihenbuwa highlights this in his book Health and Culture Beyond the Western Paradigm.

“During the early part of the twentieth century, there was a shift of emphasis from conquest of Africans, Asians, Latin Americans and Oceanic peoples to control and co-optation of these people. This shift in emphasis was aimed at the maintenance of law, order and economic growth. Thus non-Western beliefs and values were ignored. The medical beliefs and practices of most non-European peoples were considered primitive, savage, and barbaric; they were considered not medicine, but magic, religion, or witchcraft.” (Airhihenbuwa, 49)

The mistaken belief that the Africans attributed all illness and disease to supernatural forces was used as evidence that African traditional medicine should be marginalized and ignored. In fact traditional medicine was not even mentioned in the law books or writings in most colonies. In other words, the dominant health care system, which was used by almost all of the population of the colony, was not mentioned in law or writings, yet things like laws to maintain a separation between the white colonizers and the Africans were described in great detail and rigorously enforced. This held back the development of traditional medicine and any potential collection and organization of the practices of traditional medicine. In some colonies, and later in some countries like apartheid South Africa, traditional medicine was actually outlawed.

The great irony of the Western colonizing powers’ air of superiority should be pointed out. These are the same colonialists who named malaria, which literally translates to “bad air.” They believed that malaria was caused by bad “polluted” air at night (Feierman, 237). This theory of disease is almost identical to that of contagion theory, a theory that is also the foundation of the African theory of “pollution.” Ironically germ theory, the theory (now proven by science) that disease is caused by bacteria, was not even widely accepted in Europe until the late 1800’s, which is some hundred years after the initial colonization of Africa. To put that into perspective, it would be a safe assumption to say that a majority of the Europeans in Africa had very similar beliefs as to the origins of disease as the African ones they deemed beneath them.

Introduction of Western Medicine

Western medicine was introduced to the African continent through several vastly different avenues. The first avenue was through doctors that came over to care for the white colonialists living in Africa. The date of this introduction varied depending on the area of Africa as different colonies were established at different times but the majority occurred around the turn of the 19th century (“The first...”). These doctors treated whites first and foremost. Some did end up treating Africans, and even training some Africans to practice Western medicine, but they did not focus on the Africans and treatment was only available to the wealthy and well connected Africans. The other avenue is through Christian missionaries who came over to evangelize who arrived roughly at the same time as the colonialists. They set up hospitals in remote locations in order to provide medical care to the Africans. These missionaries were there to treat the Africans and attempt to convert them through the healing process. This created a conflict with the spiritual side of traditional medicine and the generalization that all traditional medicine was witchcraft led to the missionaries taking a strong stance against it. The missionaries were often frustrated by the Africans pursuing both traditional and Western medicine at the same time, and there are accounts of the missionary doctors refusing treatment to patients as long as they also pursued the avenue of traditional medicine (Freierman, 257). This is a firsthand account of a nurse named Mrs. Williams in Zanzibar, Tanzania in 1880 as she began to treat a child for a skin disease.

“I doctored it and the places were healing beautifully when I found that the child was wearing charms. I told (the mother) that I could do no more for it until they were removed. But it was no use; she refused to take them off, so I put the ointment away... Eight months or so have passed since then, during which time the child has worn the charms and has been getting very much worse. Over and over again the mother has begged me to cure it... It has been very hard to see the poor little thing growing worse and to hear its piercing screams when they put on the native medicine, and yet do nothing to relieve it. Now, I am only two thankful I did not yield... I told her once more that I could do nothing till she gave up the medicine of the devil. Greatly to my surprise she cried, “Give me a knife” and immediately cutting off the charms from her child’s neck gave them to me. I joyfully went

in and prepared the ointment. You will be glad to hear that the healing has been very rapid.” (Freierman, 258)

This story is a good representation of the magnitude of the culture clash between the missionaries and the Africans. It should also be noted that the missionaries were the more tolerant of the settlers. They often took greater strides to understand African culture than the other Westerners. This fact resulted in a majority of the writing we have on African culture from that time period being written by missionaries. That being said, Mrs. Williams’ reaction to the child wearing charms (amulets placed on the child to ward off evil spirits) is one that was seen in many missionaries due to the assumption that all traditional medicine was what they termed “witchcraft,” and it goes a long way to show the stigma placed on traditional medicine.

Traditional Medicine Today

Traditional medicine still remains the main medical system in Africa today. It is estimated that up to 80% of Africans turn to traditional medicine when they are in need of health care. (WHO, 2002) This is due to the fact that Western medicine is still too expensive or not accessible for many Africans. Traditional medicine has a strong presence in the rural areas, with both the herbalists and diviner healers featuring prominently. In the urban centers though, there are fewer diviners as the spiritual side of the medicine is lost due to these centers becoming more and more Westernized. This results in a large number of herbalists, many of them untrained, prescribing concoctions of herbs and chemicals unchecked and unregulated. Due to the constricting influences of colonization, traditional medicine remains in roughly the same form it existed at the start of colonization. It remains largely unstudied and undocumented and very few of the African governments have actually taken steps to recognize and regulate these herbalists. An exception to this is Cote d’Ivoire which in 1995 took steps to organize traditional medicine, to increase collaboration between Western and traditional medicine, and to integrate traditional healers into their medical system (Memel-Fote, 1999). They did this by introducing

another sector into their health care, listing traditional as a sector alongside public and private health care.

Use of traditional medicine is not only limited to the lower social classes. Many of the rich and affluent Africans practice it as well. It may seem that access to modern medicine, good hospitals and expert physicians would make it a lot less likely that the rich and influential Africans would seek traditional healers, but this is not the case.

“It is a commonly and easily observed fact that even the most “detribalized” and “modernized” Christians, scholars, scientists, and entrepreneurs among the African bourgeoisie today still consult African divinities, diviners, and healers when their health or other affairs are in serious trouble.” (Airhihenbuwa, 48)

He goes on to explain that even these Africans who have completely embraced all that the West has to offer often fall back on their old traditions and customs when things get really bad. There is also a high incidence of Westernized Africans consulting both a traditional healer and a physician. This is understandable as a patient’s cultural and religious background affect how they approach getting treatment for a malady (Airhihenbuwa, 49). This dual pursuit of both forms of treatment is born out of the Africans being told to pursue Western medicine by any Western education or influence, and their elders, family and culture pressuring them to pursue traditional medicine.

In the lower socioeconomic classes traditional medicine holds almost a monopoly on the medical care system. This is a result of several things. First is the fact that the poor tend to be in areas far away from doctors and hospitals. A majority of the Africans that live in the rural areas are poor subsistence farmers and have little no access to medical care and no means by which to pay for it. This is due to the fact that the nearest doctor or hospital may be a hundred miles away. In fact in rural Kenya, which is one of the most modernized African nations, it is estimated that there is one doctor for every 70,000 people. When it comes to the ratio in urban populations this number drops down to roughly one

every thousand (Abdullahi, 2011). Kenya is in a much better situation than most African nations and the World Health Organization estimates that the average doctor to population ratio in Africa is one doctor to every 20,000 people. Compare this to the average number of traditional medicine practitioners which is between 1:200 and 1:400 and it is easy to understand why traditional medicine is still so much more prevalent in Africa (WHO, 2002). Not only is it cheaper but it is much easier to gain access to the care.

There have been massive pushes in Africa to integrate traditional medicine into the medical system. There have even been instances where African countries have instituted traditional healers into the Western medical system, for example having traditional midwives work alongside doctors and nurses in the delivery room. This push is not only occurring in Africa but in the West as well. There has been a great shift in public opinion towards traditional or alternative forms of medicine and they are growing with increasing popularity in the West, even here in the United States. In fact, it has been calculated that people in the US spent 34 billion dollars on traditional and alternative medicine in 2009 and this number is expected to have grown significantly since that date (NIH, 2009). For all the progress made there is still a stigma attached to traditional medicine but many Americans take part in things that fall under traditional medicine without realizing it. Things like yoga, acupuncture, and herbal supplements are all examples of traditional medicine that are commonplace in the US (Abdullahi, 1999).

The stigma that traditional medicine was forced to endure in the 19th and 20th century is slowly subsiding. Slowly and surely the benefits of it are becoming better known and studied, and science research is beginning to back up many of the herbal remedies, medicines and techniques of traditional medicine. The herbs used by the traditional healers are being studied and are being found to have medicinal properties that can be used in modern medicine. *Cinchona succirubra*, a plant that has been used in West Africa to treat malaria, has been found to naturally contain quinine, a drug that is commonly used to treat malaria. Even more shocking is that in Cameroon and Ghana healers have been

using a plant called *Ancistrocladus abbreviates* to treat HIV. Incredibly this plant has been found to naturally contain Mitchellamine B which is an anti-HIV drug used in modern medicine (Willcox, 2012). With these discoveries it is becoming more and more clear that to completely ignore and marginalize traditional medicine was a huge mistake on the part of the colonizers. It has also alerted the medical world that many naturally occurring drugs are found in these plants and further research into traditional medicines and remedies can lead to the discovery of more drugs.

My Experiences with Medicine in Africa

Throughout my time in Africa I would come into contact with both Western medicine and African traditional medicine. Though I was never taken to a traditional healer when I was sick, many of my friends and acquaintances did consult these healers. Many of the missionaries and Westerners I met regarded traditional medicine as the work of the devil and an abomination. This view of traditional medicine is understandable as the spiritual side of the medicine went against their religious beliefs. Most of the Africans I talked to about it had varying views, some were terrified of it, while others viewed it as a necessity. To understand where the fear comes from you have to understand the power that the local witchdoctor has over the populace especially if the witchdoctor was practicing black magic. It was not uncommon for a body to occasionally show up without organs or genitalia and missing limbs and portions of its face. These bodies belonged to the unfortunate victims of a black magic sacrifice. For some reason that I do not understand the lighter the skin of the victim the more powerful the black magic is considered to be. This results in witchdoctors targeting albinos, (who are often already shunned from society due to their condition) and as a young white child, this also made me a target for these black magic sacrifices. I distinctly remember Ba Peter telling me to be on my guard against anyone I believed was a witchdoctor. This warning would be repeated over and over again by various friends of my parents. These ominous warnings and the fact that a boy I knew was abducted (luckily he escaped) caused me to greatly fear witchdoctors and all manner of black magic for many of my younger years. I

made sure to always give traditional medicine a wide berth, but I did have some of my friends who were taken to see healers (mostly herbalists) with mostly positive results. The prevalence of traditional medicine coupled with her background would have an interesting effect on my mother. While she rejected the spiritual side of the medicine, she did take on many of the aspects of the herbalist traditional medicine and to this day prescribes me natural or herbal remedies when I get sick.

Incidentally the African view of disease being a combination of natural and supernatural forces left them vulnerable to charlatan miracle healers from the United States. Because of the cultural belief that disease can be caused by a spirit or deity, logic tells them that it is possible to perform miracles and these snake oil salesmen preyed on this. These “miracle” healers would show up every couple months or so and put on massive conferences where they would miraculously heal people of things like HIV, paralysis and reproductive disorders. They would then collect large amounts of money promising healing to those who gave generously then disappear back to the US. The practice left my parents disgusted and they refused to have any association with these swindlers at all.

You may be expecting to hear that among my experiences with medicine in Africa my worst ones came from traditional medicine. This would be a lie though; rather the opposite is true. Zambia is one of the poorest countries in the world and this is very evident in their state-run medical system.

As a child I quickly learned that the hospital was not the place to go if you were sick, injured, or dying. It was not my parents or other Westerners who first told me this, it was the Africans themselves. After all the hospital in the town was a six story cinderblock monstrosity that dated back to the times of the British colonization. It was understaffed, under maintained, and undersupplied at the best of times. At the worst there was no running water past the first floor due to lack of water pressure. The Africans viewed it as a death trap, as a place to go to die rather than to be healed. When I was five my mother befriended a Cuban doctor. Her name was Dr. Maiby and she and her husband, who was a dentist, had been sent by her government to work in Zambia for a year. She worked at a local children’s hospital and

she told my mother many horror stories of her experiences working there. At one point the only medicine that the hospital had to offer was ibuprofen and penicillin, all the other drugs and medicines that were supposed to be provided by the government had either not been supplied or had been stolen by hospital staff. She told my mother stories of gross misconduct in regards to sanitation and sterilization procedure and of children arriving at the hospital for something non-life threatening like a broken limb and dying of a hospital borne infection they caught in the hospital soon after.

I wish my stories stopped there but they don't. My parents' employee and the man who taught me all things African, Peter Mulala, had a child named Elizabeth who contracted a bad case of diarrhea (most likely the result of drinking unclean water, another area Zambia struggles in). A simple IV of saline solution in order to keep the child hydrated was all that was needed for Elizabeth to make a full recovery, but the hospital had none, and all they could do was tell Ba Peter to continuously feed her mashed bananas. Baby Elizabeth died of dehydration shortly after.

I should probably stress that it is not only the poor and uneducated to which these horror stories happen. My father's colleague at the university he taught at, Rev. Mukanga, died of a bowel blockage. He had a high level masters degree and was a well off, well respected member of the community. It took the hospital too long to determine what was wrong with him and at that point he had septicemia and died an agonizing death due to blood poisoning. Even my own family wasn't immune. Though we were blessed with the means to avoid the hospitals and go to private clinics with better trained doctors, this did not stop one of these doctors from almost killing my mother by putting her on beta-blockers (which slow the heart rate) in response to her low blood pressure. The result was my mother being airvaced to South Africa to save her life. My poor mother was on the receiving end of more poor medical practice when another doctor performed a nasal surgery on her and without her knowledge removed all the mucus glands in her nose and sinuses. The importance of these glands is self-evident and my mother struggles greatly due to this procedure.

Unfortunately it would be safe to say that there is little to no high quality medical care in Zambia. It is very telling when the Zambian president only goes to see foreign doctors or is airvaced to Europe whenever there is a serious medical problem. Namibia and Kenya face a different problem in regards to the medical care system. Rather than lack of quality care instead they lack in quantity of care. Both countries have high quality medical facilities that are well supplied and staffed by well-trained, knowledgeable physicians. The problem lies in that this care is only available to the wealthy as it is far beyond the price range of the average African. This leaves crowded, understaffed, and undersupplied state run hospitals as the only option for most of the Africans. Even still these hospitals are expensive for the Africans and many of them decide to pursue traditional medicine simply out of ease of access and the fact that it is much cheaper.

I am neither knowledgeable nor arrogant enough to believe that I could propose the solution to this problem. I would also like to make a point in stating that the point of sharing my experiences was not to criticize the medical systems in these countries. Rather the point was to give the reader a perspective into the condition of the health care system in a poor developing nation. In many of these countries the medical system is in disarray and proper treatment is not available to those who need it most. For most Africans it is more prudent and cost effective for them to purse traditional or alternative medicine as a remedy. It makes me wonder what would have happened if the traditional medical practitioners organized and were better trained. At a minimum they would help alleviate the burden on the Western medical system in Africa that it obviously cannot handle.

In an effort to help alleviate this burden and improve the standard of the care of those who rely on traditional medicine the World Health Organization has been working to integrate traditional medicine into medical systems worldwide. They have several main objectives in doing this. Their first objective is to get countries to pass legislation about traditional medicine and integrate it into the

medical care system. To do this a large amount of research needs to be done to ascertain which traditional treatments are effective and which ones are ineffective. Traditional medicine needs to be studied and documented extensively in order for this to be successful, and that is stressed by the WHO. The second step is to promote the safety, effectiveness, and quality of traditional medicine using this research. The research on traditional medicinal techniques can be used to improve the safety of these medicines. This research can also be used to determine the more successful techniques and this information can be used to improve the standard of care traditional medicine offers. The last step is to increase the access to this standardized traditional medicine, enabling more people to receive higher quality medical care (WHO, 2002).

In conclusion I am a firm believer that education is the way forward. Since I was young my father has always told me that education is the way forward. When you give someone an education you enable them to drastically alter the course of their life. The fact that he is an educator may mean that he is slightly biased in this regard but I believe that he has a point. Thus in addition to the steps set out by the WHO, I think that it is important that steps should be taken to improve the educational system for traditional healers. Due to the exploding population rate in Africa it is necessary to create a system by which the learned healers train a large number of healers how to correctly prescribe and implement the studied techniques. In addition to creating a teaching method, it is important that Africans play a very large role in this entire process. As cultural views and perceptions play a major role in how a problem is approached, their cultural knowledge and mindset are an essential component to being able to find a solution that is culturally compatible. If through this integration and in-depth study of traditional medicine the quality of medical care given to a majority of the Africans improves even slightly, then I believe that it is a worthwhile pursuit.

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